			Т								
EFF Non-Crew F	Instructions: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to Area Forester/ FMO before the rater leaves the assignment. Rating will be reviewed with employee who will sign the bottom.										
1. Name:				2. Incident Name and Number:							
4. Home Unit Address:	Incident/Assignment Agency and Address:										
6. Position Held on	7. Trainee Positi	Trainee Position:			lexity:	9. Date of Assignment					
Incident/Assignment:	□ _{No}			П	From: To:						
10. Enter X opposite rating factors	and under prope	r heading for each	category li	sted							
		ent		Unacceptable	Im pro ve	Succe	Suc ces sful				
Rating Factors		f f J Sasignmen		Unac			~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
		As									
Knowledge of the Job											
Attitude/Interpersonal Relationship											
Initiative											
Quantity and Quality of Work Produ	ct										
Decisions/Work under Stress											
Safety											
Consideration for Personnel (Super	visors Only)										
Ability to Obtain Performance (Supe	ervisors Only)										
Other (Specify)											
11. Recommendations for Rehire	:	Yes \square	No (If N	IO, Exp	olain in Remarks)	,					
12. Remarks											
13. Emergency Fire Fighter (Sign					14. Date						
15. Rated By (Signature)	16. Home Unit			17. Position	18. Date						

INCIDENT PERSONNEL PERFORMANCE RATING			INSTRUCTIONS: The immediate job supervisor will prepare this form for eac subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with the employee who will sign at the bottom.													
	THIS RATING IS TO BE USE	D FOR	DET	ERM	ININ	G AN	IND	IVIDI	JAL'	S PEI	RFOI	RMAI	NCE			
1. Name	2. F	2. Fire Name and Number														
3. Home Unit (address)	4. L	4. Location of Fire (address)														
5. Fire Position	6. Date of Assignment From: To:		7. Acres Burned 8. Fuel Type(s)													
	e rating number and under prop			aluati												
Needs to improve. Medelement IDENTIFY IM Satisfactory. Employee r	ES MUST BE IDENTIFIED IN F ets some or most of the require PROVEMENT NEEDED IN RE meets all requirements of the indivi- sistently exceeds the performance	ments of MARKS	of the S.	t.	idual											
Rating Factors			Hot Line			Mop-Up				Camp				Other (specify)		
		0	1	2	3	0		2	3	0	1	2	3	0	1	2
Knowledge of the job																
Ability to obtain performa	nce															
Attitude																
Decisions under stress																
Initiative																
Consideration for personr	nel welfare															
Obtain necessary equipm	nent and supplies															
Physical ability for the job)	_														
Safety																
Other (specify) 10. Remarks			<u> </u>													
TO. IXCIIIAIXS																

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15. Position on Fire

11. Employee (signature) This rating has been discussed with me

14. Home Unit

13. Rated by (signature)

12. Date

16. Date

CREW PERFORMANCE RATING	INSTRUCTIONS: This rating is to be used only for determining an individual's fire fighting qualifications. All blocks must be completed. Crew will be rated by the immediate supervisor not crew representative. If deficiencies are indicated for items 9 and 10, explain in item 11.							
Crew Name and Number	2. Fire Name and Number						3. Crew Boss (name)	
4. Crew Home Unit and Address					5. Loc	cation of I	Fire (complete address)	
6. Crew Representative	7. Dates on Fire				!		8. Number of Shifts Worke	ed
9. Crew Evaluation					11. Aı	eas Nee	ding Improvement	
Rating Factors	Excellent	Satisfactory	Deficient	Needs To	Ітргоvе			
Physical Condition								
Hot Line Construction								
Mop-Up								
Off Line Conduct								
Use of Safe Practices								
Crew Organization and Equipment								
Other (specify)								
10. Supervisory Perfor	mances							
Crew Boss								
Squad Boss								
Crew Representative								
12. Names of Outstanding Workers (comment)					13. N	ames of i	individuals Needing Improve	ement (<i>indicate area(s</i>))
14. Remarks								
15. Crew Boss (signature) This rating has been discussed with me								16. Date
17. Rated By (signature)	18. Home Unit (address)					19. Pos	sition on Fire	20. Date

